DEPARTMENT OF DEFENSE ACQUISITION CORPS - WAIVER REQUEST				REPORT CONTROL SYMBOL	
COMPONENT/ORGANIZATION					
1. TO (Director, Acquisition Career Management (DACM))		2. VIA (Acquisition Career Program Board (ACPB))			
3. COPY TO (USD(A)AET&CD)		4. FROM (Organization and Address)			
5. NAME (Last, First, Middle Initial)		6. GRADE/RANK		7. SSN	
8. ACQUISITION CAREER FIELD	9. OCCUPATIONAL SER	IES/SPECIALTY	10. CURRENT JO	OB TITLE	
11. WAIVER REQUESTED (X as applicable)			1		
a. ABSENCE OF EDUCATION (X one)					
Baccalaureate Degree (ACPB Certification Required)	24 Semester Credit Hours in Specified Disciplines OR 24 Semester Credit 12 Semester Credi			edit Hours in Career Field and edit Hours in Specified Disciplines	
b. ABSENCE OF EXPERIENCE (Less than	4 years' experience in acq	uisition position,)		
c. ABSENCE OF MINIMUM GRADE					
12. REQUEST BASED ON (X as applicable) DEMONSTRATED ANALYTICAL AND DECISION-MAKING CAPABILITIES	JOB PERFORMANCE QUALIFYING EXPERIENCE		ALL OF THE ABOVE		
13. DESCRIPTIVE NARRATIVE RATIONALE			EXI EIGENOE		_
14. REQUESTING OFFICIAL					
a. TYPED NAME	b. GRADE	c. ORGAN	IZATION		
d. SIGNATURE		,		e. DATE	
15. ENDORSING OFFICIAL				l	
a. TYPED NAME	b. GRADE	c. ORGAN	IZATION		
d. SIGNATURE				e. DATE	
16. ACQUISITION CAREER PROGRAM BOARD	ACTION (X one)			L	_
GRANTED DISAPPROVED a. ACPB NAME				b. DATE	